

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

State File No. **36824**
4967
Registrar's No. _____

FILED DEC 14 1948

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jacks on**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Nora Rae Restorium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **13 weeks**
(Specify whether years, months or days)
In this community **7 Years**

3. (a) PRINT FULL NAME **Esther Ravinsky**

3. (b) If veteran, name war **XXX** 3. (c) Social Security No. **XXX**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Unknown** **1876**
(Month) (Day) (Year)

8. AGE: Years **76** Months _____ Days _____ If less than one day hr. _____ min.

9. Birthplace **Russia**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Convalescent Home Records**
(b) Address **309 Garfield**

17. (a) **Burial** (b) Date thereof **Dec. 3, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **J.P. Louis Funeral Home**

(b) Address **3400 Woodland**

19. (a) **12-4-48** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **4056 Baltimore**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **1**
year **1948** hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from **Coronary**, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary sclerosis** Duration _____

Due to **Extreme Malnutrition**

Due to **Hypertension**

Other conditions **938**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **no history + Emphysema**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **3**

While at work? _____ (Specify type of place) (c) Means of injury **James C. Walker**

23. Signature **James C. Walker** (M. D. or other) **Coronary**

Address **1424 1st St** Date signed **12-3-48**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Joseph M Mc Carthy....., Registered Apprentice No. *275*
working under my personal supervision.

Signed..... *Guy Buffington*

Licensed Embalmer No. *2856*

P. O. Address..... *K C Mc*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.